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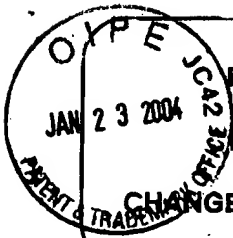
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**REVOCATION OF POWER OF
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Application Number	09/837,115
Filing Date	April 17, 2001
First Named Inventor	Fernandes, Jorge
Art Unit	2876
Examiner Name	Jamara Alzaida Franklin
Attorney Docket Number	021633-001500US

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number:

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Customer Number:

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Individual Name

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Jorge M. Fernandes, Chief Executive Officer

Signature

Date

Telephone

650 906 3676

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Jorge Fernandes et al.Application No./Patent No.: 09/837,115Filed/Issue Date: April 17, 2001Entitled: TRANSACTIONS USING A RE-PROGRAMMABLE DATA CARDVIVOTech, Inc. a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date_____
Telephone numberJorge M. Fernandes

typed or printed name

Signature_____
Chief Executive Officer_____
Title